

471-000-59 Nebraska Medicaid Billing Instructions for Completing Form MC-82N, "Private Duty Nurse Claim Form" for Private Duty Nursing Services

The instructions in this appendix apply when billing Nebraska Medicaid, also known as the Nebraska Medical Assistance Program (NMAP), for Medicaid-covered services provided to clients who are eligible for fee-for-service Medicaid or enrolled in the Nebraska Health Connection Medicaid managed care plan Primary Care +. Medicaid regulations for private duty nursing services are covered in 471 NAC 13-000.

Claims for services provided to clients enrolled in a Nebraska Medicaid managed care health maintenance organization plan (e.g., Share Advantage) must be submitted to the managed care plan according to the instructions provided by the plan.

Third Party Resources: Claims for services provided to clients with third party resources (e.g., Medicare, private health/casualty insurance) must be billed to the third party payer according to the payer's instructions. After the payment determination by the third party payer is made, the provider may submit the claim to Nebraska Medicaid. A copy of the explanation of benefits, remittance advice, denial, or other documentation from the third party resource must be submitted with the claim. For instructions on billing Medicare crossover claims, see 471-000-70.

Verifying Eligibility: Medicaid eligibility, managed care participation, and third party resources may be verified from –

1. The client's monthly Nebraska Medicaid Card or Nebraska Health Connection ID Document. For explanation and examples, see 471-000-121;
2. The Nebraska Medicaid Eligibility System (NMES) voice response system. For instructions, see 471-000-124; or
3. The standard electronic Health Care Eligibility Benefit Inquiry and Response transaction (ASC X12N 270/271). For electronic transaction submission instructions, see 471-000-50.

CLAIM FORMATS

Electronic Claims: Private Duty Nursing services are billed to Nebraska Medicaid using the standard electronic Health Care Claim: Professional transaction (ASC X12N 837). For electronic transaction submission instructions, see 471-000-50.

Paper Claims: Private Duty Nursing services are billed to Nebraska Medicaid on Form MC-82N, "Private Duty Nurse Claim Form". Instructions for completing Form MC-82N begin on page 2 in 471-000-59. MC-82N Forms may be obtained from the HHS local office.

Share of Cost Claims: Certain Medicaid clients are required to pay or obligate a portion of their medical costs due to excess income. These clients receive Form EA-160, "Record of Health Cost – Share of Cost – Medicaid Program" from the HHS local office to record services paid or obligated to providers. For an example and instructions on completing this form, see 471-000-79.

MEDICAID CLAIM STATUS

The status of Nebraska Medicaid claims can be obtained by using the standard electronic Health Care Claim Status Request and Response transaction (ASC X12N 276/277). For electronic transaction submission instructions, see 471-000-50.

Providers may also contact Medicaid Inquiry at 1-877-255-3092 or 471-9128 (in Lincoln) from 8:00 a.m. to 5:00 p.m. Monday through Friday.

MC-82N FORM COMPLETION AND SUBMISSION

Mailing Address: When submitting claims on Form MC-82N, retain a duplicate copy and mail the ORIGINAL pink copy to –

Medicaid Claims Processing
Health and Human Services Finance and Support
P. O. Box 95026
Lincoln, NE 68509-5026

Claim Adjustments and Refunds: See 471-000-99 for instructions on requesting adjustments and refund procedures for claims previously processed by Nebraska Medicaid.

Claim Form Completion Instructions: Private-duty RN's and LPN's complete one copy of Form MC-82N as follows:

1. PATIENT'S NAME: Enter the client's full name.
2. PATIENT'S MEDICAID NUMBER: Enter the client's complete eleven-digit identification number (Example: 123456789-01). When billing for services provided to the ineligible mother of an eligible unborn child, enter the Medicaid number of the unborn child (see 471 NAC 2-006.06.) These numbers are on the client's Medicaid card or identification document.
- 3.a. REFERRING PHYSICIAN'S NAME: Enter the name of the client's doctor.
- 3.b. REFERRING PHYSICIAN'S LICENSE NUMBER: Enter the physician's license number. The physician has this information.
4. PATIENT'S DIAGNOSIS: Write the client's diagnosis. This is found in Item #9 of the Form MS-81, "Certification and Plan of Care for Private Duty Nursing."
5. DATE OF SERVICE: Enter 8-digit numeric dates of service (Example: From: 04082004 To: 04112004). Do not bill more than one week per line.

PROCEDURE CODE: Enter the appropriate procedure code (See 471-000-513 Nebraska Medicaid RN/LPN Fee Schedule for procedure codes).

DX CODE: Enter the ICD-9-CM diagnosis code found in Item #9 of the Form MS-81.

CHARGES: Total billed per line. This is the unit rate times the number of units being billed.

UNITS: Enter the number of units billed for the dates of service per line. If the procedure code description includes specific time increments, they should be billed as one unit of service.

For procedure codes T1000 TD, T1000 TE, T1002, and T1003 report the units using the following table:

<u>Unit</u>	<u>Time</u>	<u>Unit</u>	<u>Time</u>
1	1-15 minutes	4	46-60 minutes
2	16-30 minutes	5	61-75 minutes
3	31-45 minutes	6	76-90 minutes

For procedure codes S5105 and S5105 TD use 1 unit for each day of service. The maximum units are 6 per week.

For procedure codes T1024 and T1024 TG for services provided under contract where the medical day care 'encounter' is defined as **'per hour' or 'full day' care** report units as follows:

When less than 5 hours of service is provided, report the unit of service as '1' through '4' to specify the actual number of hours of care provided. When between 5 and 12 hours (full day) of care is provided, report the unit of services as '5'. Use procedure code modifier TG to indicate complex medical day care. Each day of care must be billed on a separate claim line.

For procedure codes T1024 and T1024 TG for services provided under contract where the medical day care 'encounter' is defined as **'4 hours' of care** report units as follows:

Report one unit of service for each 4-hour block of time care is provided. Use procedure code modifier TG to indicate complex medical day care. Each day of care must be billed on a separate claim line.

PRIOR AUTHORIZATION NUMBER: Enter the prior authorization number obtained from the authorizing agency. The dates of service billed must correspond with the covered period of the authorization. The prior authorization number is found in Item #23 of the Form MS-81.

6. **TOTAL CHARGES:** Add the charges and enter the total.
7. **AMOUNT PAID BY/DUE FROM PATIENT:** Enter the amount the client paid or must pay for the services on this claim. Contact the client's worker for this information.
8. **BALANCE DUE:** Subtract #7 from #6 and enter the amount in this field.
9. **DATE:** Enter the date this form is being completed.
10. **SIGNATURE:** Sign the form. Read the "signature of provider" statement before signing the form.

11. PROVIDER NUMBER: Enter the eleven-digit Nebraska Medicaid provider number as assigned by Nebraska Medicaid (example 123456789-12).
12. PROVIDER NAME, ADDRESS, AND TELEPHONE NUMBER: Complete as indicated.

Telehealth Services: Medicaid policy regarding telehealth services is covered in 471 NAC 1-006. Telehealth services are covered only when provided by a private-duty nurse meeting the requirements in 471 NAC 1.-006.03, Standards of Provider Participation. All prior authorization requirements must be met to be covered as a telehealth service. Prior authorization requests must state the intent to provide the service as a telehealth service. Enter the prior authorization number obtained for the skilled nursing service being provided as a telehealth service.

To bill for a telehealth service, use the appropriate HCPCS procedure code for the service with procedure code modifier GT. To bill for telehealth transmission costs, use procedure code T1014 and enter the number of minutes of transmission in the Field 5, UNITS.

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NEBRASKA HHS FINANCE
AND SUPPORT MANUAL

NMAP SERVICES
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**Nebraska Department of Health and Human Services
PRIVATE DUTY NURSE CLAIM FORM**

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



1. Patient's Name _____

2. Patient's Medicaid Number _____ I.D. # _____

3. a. Referring Physician's Name _____

b. License Number _____

4. Patient's Diagnosis _____

5.	Date of Service		Place of Service	Procedure Code	DX Code	Charges	Units	Prior Authorization Number
	From:	To:						
A			12					
B			12					
C			12					
D			12					
E			12					
F			12					
6. Total Charges								
7. Amount Paid by or Due from Client								
8. Balance Due								

SIGNATURE OF PROVIDER: I certify that (1) the services listed on this claim were medically indicated and necessary to the health of this patient and were personally rendered by me; (2) the charges for such services are just, unpaid, actually due according to law and program policy and not in excess of regular fees and, that no charge, in addition to line 6, will be made; (3) the information provided on this claim is true, accurate and complete. I agree to comply with the provisions of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.

I understand that payment and satisfaction of this claim will be from Federal and/or State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

9. Date _____

10. Signature of Provider _____

**SIGN
HERE**

Mail to:

**HHS - 5th Floor
P.O. Box 95026
Lincoln, NE 68509-5026**

ATTN: Pract-CPCP

11. Provider Number _____ - _____

12. Provider Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number () _____

☐ If New Address, (check here), - Starting Date _____



HSS Medical Payments